



A brief overview of the diabetic neuropathies[☆]

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ABSTRACT

The diabetic neuropathies represent the commonest long-term complications of diabetes, and may be the presenting feature of Type 2 diabetes. In clinical practice, distal symmetrical polyneuropathy (DSPN) and the autonomic neuropathies are the most frequently seen forms of diabetic neuropathy. The 2017 American Diabetes Association classification system for the neuropathies of diabetes are in general use. Treatment challenges remain and the need for revised recommendations and further discussion of management of severely painful DSPN that does not fully respond to conventional medical management is clear, especially in light of the recent opioid crisis in the USA.

1. Introduction

The neuropathies of diabetes represent the commonest of the long-term complications affecting up to 50% of older patients with type 2 diabetes [1]. Clinical presentation varies immensely, but the most commonly seen are distal symmetrical polyneuropathy (DSPN) and autonomic neuropathies, which will be discussed in detail in this supplement. The main focus, however, will be on the management of pain in DSPN.

Numerous reviews, guidelines and statements on the diabetic neuropathies have been published in recent years, most of which focus upon the neuropathies in general or the most common chronic distal symmetrical (sensorimotor) neuropathy [2–6]. The most recent, a 2022 American Diabetes Association (ADA) Compendium [6], was the only one to focus entirely on the diagnosis and management of painful diabetic neuropathy. Although older reviews had recommended the restricted use of opioids [1], including the synthetic opioid tramadol, in the management of painful neuropathy not responding to any other therapies, such advice has now changed. The opioid crisis, particularly in the USA [7], is the most likely reason. The recommendations of the Stanford-Lancet Commission on the use of opioids in painful conditions, strongly encourage the curtailment of opioid usage and promoting

alternative therapies. [7] Indeed, the most recent ADA Standards of Care for the treatment of painful neuropathy, published in 2023 [8], concluded that for severe pain, “the use of any opioids for management of neuropathic pain carries the risk of addiction and should be avoided”.

Accordingly, a panel of experts representing a wide range of perspectives on diabetic neuropathy met immediately after the World Diabetes Congress in Lisbon, December 2022, to review the current approaches to the management of painful diabetic neuropathy.

Included in this supplement will be articles on the pathogenesis of painful neuropathies, together with clinical presentation and discussion on the potential pathogenetic treatments, followed by the current approach to managing pain. The common autonomic neuropathies will be briefly summarised as well as aspects of quality of life in people with painful neuropathology. Newer approaches to the management of severe pain including the use of high frequency spinal cord stimulation in both randomised controlled trials and real-world settings (as well as their outcomes), will be discussed. The evidence base for management of very severe symptomatology—without using opioids—will therefore be considered at length.

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